

Work Order ID 96038

96038

Page 1

January 18, 2013 8:32:23 AM

Item ID: D3996-FE-832-EF

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Self-Clinching Fastener

Stop

NS2

Start Date: 1/18/13 Start Qty: 500.00

500

Cust Item ID:

Required Date: 1/23/13 Req'd Qty: 500.00

500

Customer:

Reference:

Approvals: Process Plan: CL

Date: 13/01/18 Tooling: _____ Date: _____

Run Start *NR1*

QC: _____

Date: _____ SPC (Y/N): _____ Date: _____

Stop

NR2

Work Center ID	Operation Description	Set	Run	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Sp. Stamp
----------------	-----------------------	-----	-----	--------	-----------	------------	------------	---------------	-----------

Draw Nbr	Revision Nbr
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D3996	A
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100	0.00
-----	------

100

Purchasing

Memo 0.00

CL 13/01/18 500

Purchasing

Issue P/O: 18806

Purchase Part Number: FE-832-EF

Supplier: Interfast Inc.

Certificate of conformity is required

110	Receive & Inspect for Damage & Mat'l Certs	0.00
-----	--	------

110

Packaging

Memo 0.00

Packaging

13/01/22 500

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS																
			Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Use-as-is <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Machining <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Composite <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Supplier <input type="checkbox"/>	Engineering <input type="checkbox"/>	Quality <input type="checkbox"/>	Other <input type="checkbox"/>		
Part No. _____			Work Order Update <input type="checkbox"/>																			
NCR No. _____																						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description			Sign & Date	Verification		QC Inspector									
Doc/Data																						
Equip/Tooling																						
Operator																						
Material																						
Setup																						
Other																						
Process																						
Supplier																						
Training																						
Unapproved																						
FAULT CATEGORY																						
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions			<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge			<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other									

Work Order ID 96038

January 18, 2013 8:32:23 AM

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Page 2

Item ID: D3996-FE-832-EF

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Self-Clinching Fastener

Stop

NS2

Start Date: 1/18/13 Start Qty: 500.00

500

Cust Item ID:

Required Date: 1/23/13 Req'd Qty: 500.00

500

Customer:

Reference:

Approvals: Process Plan: _____

Date: _____

Tooling: _____

Date: _____

Run Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

120

QC6- Inspect dimensions to drawing

0.00

15
0.00 13-1-22

120

QC

Quality Control

See

130

Identify as per dwg & Stock Location

0.00

130

Packaging

Packaging

Memo

0.00

500x

80

B-0-23

140

QC21- Final Inspection - Work Order Release

0.00

140

QC

Quality Control

Memo

0.00

131112580

PLB0-24

NCR: Yes / No

DQA: Date:

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear				General							
<input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				<input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions							
				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge							
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled							
				<input type="checkbox"/> Other							

Picklist Print

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Page 1

Work Order ID: 96038

Parent Item: D3996-FE-832-EF

Start Date: 1/18/13

Required Date: 1/23/13

Parent Item Name: Self-Clinching Fastener

Start Qty: 500.00

Required Qty: 500.00

Comments: IPP RevA: new issue 09.11.11 DD verified by:EC

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
FE-832-EF PEM Insert		Purchased	No			110	Each	0.0000	1	500			

1/18/13 (500)

NCR: Yes / No

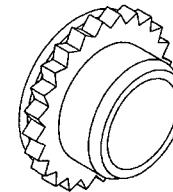
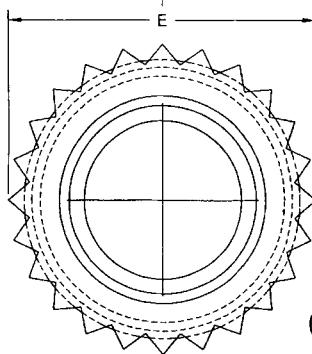
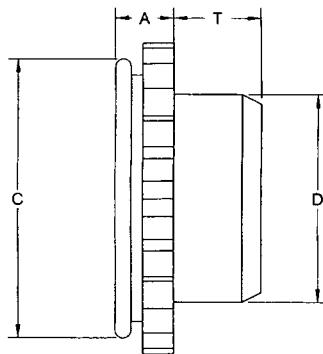
DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS							
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description		Sign & Date	Verification	QC Inspector		
Doc/Data													
Equip/Tooling													
Operator													
Material													
Setup													
Other													
Process													
Supplier													
Training													
Unapproved													
FAULT CATEGORY													
Landing Gear			General										
			Bending	Bend	Grain				Ovalized				Pressure/Forced
			Centre Not Concentric to O/S	BOM/Route	Hardware				Over/Under tolerance				Temperature/Cure
			Cracks	Broken/Damaged	Inspection Incomplete				Part Incorrect				Weld
			Crushed/Crimped.	Burrs	Instructions Incomplete/Unclear				Part Lost/Missing				Wrong Stock Pulled
			Cuffs	Contamination	Maintenance				Part Moved				
			Heat Treat	Countersink	Mislabeled				Positioned Wrong				
			Inspection Strip in Tube	Cut Too Short	Misread				Power Loss/Surge				Other
			Ripples in Bend	Drill Holes	Offset								
			Torque Waves in Extrusion	Drawing	Out of Calibration								
			Turning Sequence	Finish	Out of Sequence								
			Wave/Twist in Tube	Folio	Outside Dimensions								

SPECIFICATION CONTROL DRAWING



CD 13/01/18
WJ0:96038

D3996-XXX-YYY-ZZZ SELF-CLINCHING FASTENER

THREAD SIZE	THREAD CODE ("XXX")	TYPE ("XXX")	A MAX (SHANK)	Sheet Thickness	C +0.000 -0.005	D MAX	E -0.001	T +0.015 -0.300	HOLE SIZE IN SHEET +0.003 -0.900	MIN DIST: HOLE CI TO EDGE	WEIGHT lb
#4-40 (0.112)	440	FEO	0.040	0.039-0.045	0.171	0.145	0.192	0.065	0.172	0.14	0.00031
		FE	0.060	0.059-0.070							0.00037
#6-32 (0.138)	632	FEO	0.040	0.039-0.045	0.212	0.180	0.244	0.075	0.213	0.17	0.00047
		FE	0.060	0.059-0.070							0.00068
#8-32 (0.164)	832	FEO	0.040	0.039-0.045	0.289	0.215	0.322	0.090	0.290	0.20	0.00098
		FE	0.060	0.059-0.070							0.00124
#10-32 (0.190)	032	FEO	0.040	0.039-0.045	0.289	0.245	0.322	0.110	0.290	0.20	0.00104
		FE	0.060	0.059-0.070							0.00120
1/4-28	0428	FE	0.060	0.059-0.070	0.343	0.318	0.384	0.120	0.344	0.28	0.00158

NOTES

1) SPECIFICATION: PENNENGINEERING (PEM) MINIATURE SELF-CLINCHING FASTENER, SELF-LOCKING
PEM P/N XXX-YYY-ZZZ

WHERE "XXX" = TYPE "FEO" (SHORT SHANK) OR "FE" (LONG SHANK) PER TABLE
"YYY" = THREAD CODE PER TABLE
"ZZZ" = FINISH CODE PER NOTE 2 BELOW

FOR EXAMPLE, #8-32 THREAD, LONG SHANK, ELECTRO-FILM FINISH:
DART P/N = D3996-FE-832-EF
PEM P/N = FE-832-EF

2) FINISH: FINISH CODE ("ZZZ") PER THE FOLLOWING:

"C" = CADMIUM YELLOW CHROMATE PER ASTM B766 CLASS 5 TYPE II
"CI" = CADMIUM CLEAR CHROMATE PER ASTM B766 CLASS 5, TYPE III
"EF" = ELECTRO-FILM PER MIL-PRF-46010
"MD" = MOLYBDENUM DISULFIDE DRY FILM (STD PEM FINISH)

3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED

4) UNITS: INCHES UNLESS OTHERWISE NOTED

5) BREAK SHARP EDGES: N/A

6) IDENTIFICATION: N/A

7) WEIGHT: N/A

RELEASED
2009-11-08
M

A NEW ISSUE		CP	09.10.01
REV.	DESCRIPTION	BY	DATE
DESIGN	gp	DART AEROSPACE LTD	
DRAWN	gp	HAWKESBURY, ONTARIO, CANADA	
CHECKED	gp	DRAWING NO.	REV. A
MFG. APPR.	gp	D3996	SHEET 1 OF 1
APPROVED	gp	TITLE	SCALE
DE APPR.	gp	SELF-CLINCHING FASTENER	NTS
DATE 09.10.01		COPRIGHT © 2009 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD	



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO18866**

Purchase Order Date 1/18/13
PO Print Date 1/18/13

Page Number 1 of 1

Order From : VC-INT001

INTERFAST INC.
6360 COTE DE LIESSE
MONTREAL, QC H4T 1E3
CA

Contact Name		Buyer	Chantal Lavoie
Vendor Phone	5147385959	Requisition Nbr	
Vendor Fax	5147386363	Tax Resale Nbr	10127-2607
Vendor Account Nbr	110900	Terms	Net 30
		Currency	CAD
		FOB	Destination-Collect

Ship To : DART AEROSPACE LTD 1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

PAID
(X13018)

Line Nbr	Reference Revision ID	Description/ Mfg ID	Req Date/ Taxable	Req Qty/ Unit of Measure	Ship Method	Unit Price	Extended Price
1	FE-832-FF	PEM Insert	1/23/13 Yes	500.00 Each	FedEx PI collect	\$0.2200	\$110.00

Special Inst:

AS PER DWG D3996 REV. A
B96038

PO Total:

\$110.00

CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY

CH
No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required YES NO

Change Nbr:

Change Date: 1/18/13

Packing Slip

INTERFAST
INC.

22 WORCESTER ROAD, TORONTO, ON, CAN, M9W 5X2

TEL: 1-416-674-0770 FAX: 416-674-5804

WEBSITE: www.interfast.ca

S V DART AEROSPACE LIMITED
 O E 1270 ABERDEEN ST.
 L N HAWKESBURY ON
 D D K6A 1K7
 U T CAN
 O A

Invoice#: 761285

18-JAN-13

S E DART AEROSPACE LIMITED
 H X 1270 ABERDEEN ST.
 I P HAWKESBURY ON
 P E CAN K6A 1K7
 D T
 O I
 R E
 A

SHIP MODE: Purolator
 MODE D'EXPÉDITION: Purolator
 FOB: F.O.B.: FOB - Interfast Dock
 NO. CARTONS: 1
 WAYBILL #: NAE100010580
 FACTURE DE VOIE #: NAE100010580

CUSTOMER PO# N° DU BON DE COMMANDE: PO18866

CUSTOMER #: CLIENT #: 110900

OUR SALE #: 633907

N° DE LA VENTE: TERMS: Net 30 Days (01)

MODALITÉS:

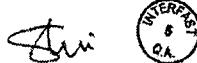
QUANTITY ORDERED QUANTITÉ COMMANDÉE	U/M M.N.R	QUANTITY SHIPPED QUANTITÉ EXPÉDIÉE	BALANCE DUE SOLDE	PART# & DESCRIPTION PARTIE # ET DESCRIPTION	LOT#/ Serial#
500.00 Harmonized code:	EA 7318.16.00.90	500.00	0.00	Cust PO Line#: Cust Part#: FE-832-MD Part#: FE-832-MD Description: NUT Packbox#: PACK631719 Lot Line#: 1 Qty: 500 Expire Date Country Of Origin: USA	Rev Lvl: D927743

Total Qty Shipped: 500

GST/TPS # R102504958 QPST/TVQ #1009982431TQ0001

PAST DUE ACCOUNTS WILL BE SUBJECT TO A SERVICE CHARGE OF 1.5% PER MONTH. INTERFAST WILL BE
RESPONSIBLE FOR THE AUTHORIZED REPLACEMENT OF GOODS WHICH ARE DEFECTIVE OR WHICH ARE NOT TO
SPECIFICATION PROVIDED THAT CLAIMS ARE MADE WITHIN 14 DAYS OF SHIPMENT.LES COMPTES EN SOUFFRANCE SERONT ASSUJETTIS À DES FRAIS DE SERVICE DE 1.5% PAR MOIS. INTERFAST NE
SERAS RESPONSABLE QUE POUR L'ÉCHANGE AUTORISÉ DE BIENS DÉFECTUEUX OU QUI NE SONT PAS CONFORMES
AUX SPÉCIFICATIONS À CONDITION QUE LES RÉCLAMATIONS SOIENT EFFECTUÉES DANS LES QUATORZE(14) JOURS
SUIVANT L'EXPÉDITION.

Sunita Kharbanda


Quality System
Administrator

I hereby certify that the items, or materials covered by this document have been inspected and tested and conform to all applicable specifications relative thereto, and unless authorized by customers, no work or alterations have been performed. Supportive documentary evidence of conformance is either on file or available upon request..

"Je certifie par les présentes que les articles ou matériaux couverts par le présent document ont été inspectés et testés, et qu'ils sont conformes à toutes les spécifications applicables en ce qui à trait auxdits articles ou matériaux. À moins d'avoir obtenu l'autorisation du client, aucun remaniement ni aucune modification n'ont été apportés. La documentation de soutien prouvant la conformité se trouve dans le dossiers ou est disponible sur demande."

I hereby certify that the Aircraft Parts, Appliances and or materials described hereon were acquired from a source of supply that is consistent with the conditions under which the department of Transport Distributor approval No.178-94 has been granted certifier by :